

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 29, 2003

RE: MDR Tracking #: M2-03-1594-01
IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Pain Management/Rehabilitation physician reviewer who is board certified in Pain Management and Rehabilitation. The Pain Management/Rehabilitation physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This individual was injured on ____ and had extensive conservative care including transforaminal epidural steroid injections in 1995 which provided, at best, a few months of pain relief. He underwent a few months partial pain relief. He underwent multi-level fusion in 1998. Recently pain in the right L5 distribution has recurred and an L5 selective nerve root injection is requested.

Requested Service(s)

Selective nerve root block at L5

Decision

I agree with the previous reviewers in denying the request for repeat selective nerve root injection.

Rationale/Basis for Decision

Previously the same procedure has not provided long term relief, but only partial relief for at best a few months. Therefore, it is not reasonable nor necessary to repeat the same injection unless a new lesion around the L5 nerve root is present. There is no evidence that this is the case. Therefore, I see no reason to repeat the selective nerve root injection.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.